

Additional Responsibilities and Training Requirements for Working with Nonhuman Primates

Required Training: DOHS format

Students/Trainees who will be working with nonhuman primates must:

- participate in the NIH, OMS Animal Exposure Surveillance Program (AESP)
- review a copy of Manual Chapter 1340: NIH Occupational Safety And Health Management
- review a copy of Manual Chapter 3044-2: Protection Of NIH Personnel Who Work With Nonhuman Primates
- receive a copy of. Additional Responsibilities and Training Requirements for Working with Nonhuman Primates (NHP)
- complete the training course: Safety with Nonhuman Primates, a program developed by the OACU and administered at the IC level
- demonstrate the location of bite/scratch kits in their working area and how to use them.
- receive training on the procedures they will be performing.

(See the sample form for training documentation developed by DOHS)
Principal Investigators/Supervisors should provide an opportunity for discussion of the above documents and ensure that the student/trainee understands the material content.

Written SOP's must be developed for each procedure involving an awake NHP. The SOP should include, but is not limited to the following:

- step by step instructions on performing each procedure
- number of people necessary to perform the procedure
- equipment/supplies needed
- proper sharps techniques
- required personal protective equipment
- proper waste disposal
- name of person to consult when questions arise
- person to call in case of an emergency

Working with Awake Nonhuman Primates Training Documentation

(print in landscape format)

Date of Initiation: _____

Trainee _____ Trainer _____
(Name) (P.I. or Designee)

Procedure: _____

Risk Type: Bite____ Scratch____ Splash____ Percutaneous____

Specify the length of time or number of procedures the student/trainee must perform under the direct supervision of the Principal Investigator or a qualified member of the investigative staff designated by the P.I.

(length of time/# of procedures)

Training Progress

(Length of time and number of training sessions to document proficiency will vary depending upon the type and complexity of the procedure)

Date	Duration	Trainer	Comments	P.I./Supervisor's Approval
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Proficiency Certification:

I _____, _____
(P.I./Supervisor's signature) (date)

hereby certify that _____
(Student/Trainee name)

has demonstrated proficiency in the above named procedure on an awake NHP.

NOTE: This training record is to be maintained by the P.I./Supervisor and provided upon request to IC ACUC or NIH Division of Safety personnel.